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8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Statement of Issues
12 Against:

13 **KRISTIN LYNN MELO**

15 **Registered Nurse License**

17
18 Respondent.

Case No. 2012-595

12 **DEFAULT DECISION AND ORDER**

[Gov. Code, § 11520]

19 **FINDINGS OF FACT**

20 1. On or about April 3, 2012, Complainant Louise R. Bailey, M.Ed., RN, in her official
21 capacity as the Interim Executive Officer of the Board of Registered Nursing, Department of
22 Consumer Affairs, filed Statement of Issues No. 2012-595 against Kristin Lynn Melo
23 (Respondent) before the Board of Registered Nursing.

24 2. On or about February 22, 2011, Respondent filed an application dated February 12,
25 2011, with the Board of Registered Nursing to obtain a Registered Nurse License.

26 3. On or about May 7, 2011, the Board issued a letter denying Respondent's application
27 for a Registered Nurse License. On or about June 25, 2011, Respondent appealed the Board's
28 denial of her application and requested a hearing.

1 4. On or about April 16, 2012, Praveen K. Singh, an employee of the Department of
2 Justice, served by Certified and First Class Mail a copy of the Statement of Issues No. 2012-595,
3 Statement to Respondent, Notice of Defense, Request for Discovery, Government Code sections
4 11507.5; 11507.6, and 11507.7, Notice from Respondent/Applicant, Disciplinary Guidelines, and
5 Notice of Hearing to Respondent's address on the application form, which was and is

6 5505 Banwell Place
7 Raleigh, NC 27613.

8 A copy of the Statement of Issues is attached as exhibit A, and is incorporated herein by
9 reference.

10 5. Service of the Statement of Issues was effective as a matter of law under the
11 provisions of Government Code section 11505, subdivision (c)

12 6. On or about May 8, 2012, Respondent sent in a withdrawal of her request for a
13 hearing.

14 7. Business and Professions Code section 118 states, in pertinent part:

15 (a) The withdrawal of an application for a license after it has been filed with a
16 board in the department shall not, unless the board has consented in writing to such
17 withdrawal, deprive the board of its authority to institute or continue a proceeding
18 against the applicant for the denial of the license upon any ground provided by law or
19 to enter an order denying the license upon any such ground.

20 8. Government Code section 11506 states, in pertinent part:

21 (c) The respondent shall be entitled to a hearing on the merits if the respondent
22 files a notice of defense, and the notice shall be deemed a specific denial of all parts
23 of the accusation not expressly admitted. Failure to file a notice of defense shall
24 constitute a waiver of respondent's right to a hearing, but the agency in its discretion
25 may nevertheless grant a hearing.

26 9. California Government Code section 11520 states, in pertinent part:

27 (a) If the respondent either fails to file a notice of defense or to appear at the
28 hearing, the agency may take action based upon the respondent's express admissions
or upon other evidence and affidavits may be used as evidence without any notice to
respondent; and where the burden of proof is on the respondent to establish that the
respondent is entitled to the agency action sought, the agency may act without taking
evidence.

10. Pursuant to its authority under Government Code section 11520, the Board finds Respondent is in default. The Board will take action without further hearing and, based on evidence on file herein, finds that the allegations, in Statement of Issues No. 2012 are true.

DETERMINATION OF ISSUES

1. Based on the foregoing findings of fact, Respondent Kristin Lynn Melo has subjected her application for a Registered Nurse License to denial.

2. Service of Statement of Issues No. 2012-595 and related documents were properly served and in accordance with the law.

3. The agency has jurisdiction to adjudicate this case by default.

4. The Board of Registered Nursing is authorized to deny Respondent's application for licensure based upon the following violations alleged in the Statement of Issues:

a. Respondent's application is subject to denial pursuant to Code sections 2736, 2761, subdivision (f), and 480, subdivisions (a)(1) and (a)(3)(A), in that Respondent was convicted of crimes which are substantially related to the qualifications, functions, and duties of a registered nurse, as follows:

1. In or about 2006, in the criminal proceeding titled *State of North Carolina v. Kristin Lynn Klaum* (Raleigh District Court, Wake County, 2006, Case No. 05CR64845), Respondent was convicted of obtaining controlled substances by fraud, a misdemeanor.

2. In or about 2006, in the criminal proceeding titled *State of North Carolina v. Kristin Lynn Klaum* (Raleigh District Court, Wake County, 2006, Case No. 05CR64846), Respondent was convicted of obtaining controlled substances by fraud, a misdemeanor.

b Respondent's application is subject to denial pursuant to Code sections 2736, 2761, subdivision (a), 2762, subdivision (a), and 480, subdivision (a)(3)(A), in that Respondent obtained the controlled substances Percocet and Lortab by fraud, deceit, misrepresentation, or subterfuge, in violation of Health and Safety Code section 11173, subdivision (a), as follows: During the summer of 2004, Respondent became addicted to pain medications. At the time, Respondent worked for the Plastic Surgery Center in Raleigh, North Carolina. In or about July 2004, while employed at the Plastic Surgery Center, Respondent began calling in prescriptions for

1 herself using the name of one of the plastic surgeons. Respondent left the Plastic Surgery Center
2 and began working for UNC Hospitals. Respondent began diverting medications, including
3 Lortab and Percocet, from the hospital for her own personal use and abused both medications.

4 c Respondent's application is subject to denial pursuant to Code sections 2736, 2761,
5 subdivision (a)(4), and 480, subdivision (a)(3)(A), in that she was disciplined by the North
6 Carolina Board of Nursing ("North Carolina Board"), as follows: On or about July 26, 2005,
7 Respondent voluntarily surrendered her license to practice as a registered nurse in the State of
8 North Carolina. On or about August 31, 2005, Respondent entered into an Alternative Program
9 for Chemical Dependency Contract ("Alternative Program Contract") with the Board.

10 Respondent was admitted in the Alternative Program Contract that in and between July
11 2004 and July 2005, she used up to 40 tablets per day of Vicodin and/or Percocet. On or about
12 December 9, 2005, the North Carolina Board suspended Respondent's license due to her failure to
13 comply with the Alternative Program Contract by testing positive for alcohol on November 28,
14 2005. On September 24, 2007, Respondent entered into A Chemical Dependency Discipline
15 Program Contract ("CDDP") with the Board. On January 27, 2011, the Board notified respondent
16 of her completion of the CDDP and issued her an unrestricted license.

17 d. Respondent's application is subject to denial pursuant to Code sections 2736, 2761,
18 subdivision (a), 2762, subdivision (b), and 480, subdivision (a)(3)(A), in that in and between July
19 2004 and July 2005, Respondent used the controlled substances Percocet and Lortab to an extent
20 or in a manner dangerous or injurious to herself and/or others, as set forth in paragraphs b and c
21 above.

22 e. Respondent's application is subject to denial pursuant to Code section 480,
23 subdivision (a)(2), in that she committed acts involving dishonesty, fraud, or deceit with the intent
24 to substantially benefit herself or another, or substantially injure another, as set forth in paragraph
25 b and c.

**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Statement of Issues
Against:

Case No. 2012-595

KRISTIN LYNN MELO

Registered Nurse License

Respondent.

DECISION AND ORDER

IT IS SO ORDERED that the application for Registered Nurse License, filed by Respondent Kristin Lynn Melo, is denied.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The agency in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective on January 11, 2013.

It is so ORDERED December 13, 2012.


FOR THE BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS

Attachment:

Exhibit A: Statement of Issues No.2012-595

Exhibit A

Statement of Issues No. 2012-595

1 KAMALA D. HARRIS
Attorney General of California
2 ARTHUR D. TAGGART
Supervising Deputy Attorney General
3 ELENA L. ALMANZO
Deputy Attorney General
4 State Bar No. 131058
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 322-5524
Facsimile: (916) 327-8643
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Statement of Issues Against:

Case No. 2012-595

12 **KRISTIN LYNN MELO,**
13 **aka KRISTIN LYNN KLAUM**
14 **5505 Banwell Place**
Raleigh, NC 27613

STATEMENT OF ISSUES

15 Respondent.

16 Complainant alleges:

17 **PARTIES**

18 1. Louise R. Bailey, M.Ed., RN ("Complainant") brings this Statement of Issues solely
19 in her official capacity as the Interim Executive Officer of the Board of Registered Nursing
20 ("Board"), Department of Consumer Affairs.

21 2. On or about February 22, 2011, the Board received an application for a registered
22 nurse license from Kristin Lynn Melo, also known as Kristin Lynn Klaum ("Respondent"). On or
23 about February 12, 2011, Respondent certified under penalty of perjury to the truthfulness of all
24 statements, answers, and representations in the application. The Board denied the application on
25 May 7, 2011.

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1 article. The board may order the license or certificate suspended or revoked, or may
2 decline to issue a license or certificate, when the time for appeal has elapsed, or the
3 judgment of conviction has been affirmed on appeal or when an order granting
4 probation is made suspending the imposition of sentence, irrespective of a subsequent
5 order under the provisions of Section 1203.4 of the Penal Code allowing such person
6 to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside
7 the verdict of guilty, or dismissing the accusation, information or indictment:

8 7. Code section 480 states, in pertinent part:

9 (a) A board may deny a license regulated by this code on the grounds that
10 the applicant has one of the following:

11 (1) Been convicted of a crime. A conviction within the meaning of this
12 section means a plea or verdict of guilty or a conviction following a plea of nolo
13 contendere. Any action that a board is permitted to take following the establishment
14 of a conviction may be taken when the time for appeal has elapsed, or the judgment
15 of conviction has been affirmed on appeal, or when an order granting probation is
16 made suspending the imposition of sentence, irrespective of a subsequent order under
17 the provisions of Section 1203.4 of the Penal Code.

18 (2) Done any act involving dishonesty, fraud or deceit with the intent to
19 substantially benefit himself or another, or substantially injure another; or

20 (3)(A) Done any act that if done by a licensee of the business or
21 profession in question, would be grounds for suspension or revocation of license.

22 (B) The board may deny a license pursuant to this subdivision only if the
23 crime or act is substantially related to the qualifications, functions, or duties of the
24 business or profession for which application is made . . .

25 8. California Code of Regulations, title 16, section 1444 states, in pertinent part:

26 A conviction or act shall be considered to be substantially related to the
27 qualifications, functions or duties of a registered nurse if to a substantial degree it
28 evidences the present or potential unfitness of a registered nurse to practice in a
manner consistent with the public health, safety, or welfare. Such convictions or acts
shall include but not be limited to the following:

(c) Theft, dishonesty, fraud, or deceit . . .

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1 2004 and July 2005, Respondent used the controlled substances Percocet and Lortab to an extent
2 or in a manner dangerous or injurious to herself and/or others, as set forth in paragraphs 10 and 11
3 above.

4 FIFTH CAUSE FOR DENIAL

5 (Dishonesty, Fraud or Deceit)

6 13. Respondent's application is subject to denial pursuant to Code section 480,
7 subdivision (a)(2), in that she committed acts involving dishonesty, fraud, or deceit with the intent
8 to substantially benefit herself or another, or substantially injure another, as set forth in
9 paragraphs 9 and 10 above.

10 PRAYER

11 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
12 and that following the hearing, the Board of Registered Nursing issue a decision:

13 1. Denying the application of Kristin Lynn Melo, also known as Kristin Lynn Klaum,
14 for a registered nurse license;

15 2. Taking such other and further action as deemed necessary and proper.

16
17 DATED: April 03, 2012

Louise R. Bailey
LOUISE R. BAILEY, M.ED., RN
Interim Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A
Consent to Surrender Form

CONSENT TO SURRENDER FORM

I, Kristin Lynn Klaum, Registered Nurse, Cert. #175467, having been advised by the North Carolina Board of Nursing of pending charges against me and, also, of my right to have an Administrative Hearing do hereby voluntarily waive my right to Hearing.

Further, I hereby surrender, to the North Carolina Board of Nursing, my license to practice as a Registered Nurse for an indefinite period of time.

This surrender shall constitute my consent to all conditions as explained to me by Carrie Linehan, RN, Discipline Consultant for the North Carolina Board of Nursing on July 26, 2005.

I fully understand, and agree, that I shall not practice nursing during the time my license is held by the Board; and, in turn, the Board agrees to consider my petition for review of my status at some point in the future.

Prior to requesting reinstatement of my license, I must contact the Board to determine what type of evidence will be needed, in order that my petition for reinstatement will be considered. It will be necessary that the requested evidence be submitted with the request for reinstatement.

I wish to be evaluated for the Alternative Program. If I'm accepted and sign the contract, this document will no longer be valid.

7/26/05 Kristin Lynn Klaum
DATE SIGNATURE

North Carolina
Wake County

Kristin Lynn Klaum subscribed and
personally appeared before me this 26th day of
July, 2005.

Seal

Kathy G. Collins
Notary Public

My Commission Expires 11-6-05

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EXHIBIT B
Alternative Program for Chemical Dependency Contract

NORTH CAROLINA BOARD OF NURSING
ALTERNATIVE PROGRAM FOR CHEMICAL DEPENDENCY
CONTRACT
SECTION I

The North Carolina Board of Nursing (hereinafter referred to as ("Board")), is mandated by the Nursing Practice Act G.S. 90-171.37 to intervene when the board determines that a licensee "(3) has a mental or physical disability or uses any drug to a degree that interferes with his or her fitness to practice nursing; (4) engages in conduct that endangers the public health; (5) is unfit or incompetent to practice nursing by reason of deliberate or negligent acts or omissions regardless of whether actual injury to the patient is established; and, (6) engages in conduct that deceives, defrauds, or harms the public in the course of professional activities or services".

The Licensee, Kristin L. Klamm is a RN in the state of North Carolina holding license number (s) 175462

The Licensee freely and voluntarily admits the following facts are true:

- (a) The Licensee acknowledges a chemical dependency problem; in particular abuse of Cocaine + Percocet
(substance(s) of preference)

- (b) The Licensee began to abuse chemical substances July 2007
(date/time) (setting)
which continued until 7/18/08
(date)

- (c) Brief description of drug abuse habits emphasizing amount/time/place/pattern of consumption (i.e.: "The licensee used between 5-10 Percocet daily, both on and off the job."):

Called in scripts for self. Had worked in MD office & familiar w/ procedure. Also diverted Percocet from hospital. Did not use while on duty. At peak of addiction used up to 40 tabs/day of Vicodin and Percocet.

- (d) Brief description of incidents resulting from addiction/diversion/impairment including accident, overdose, hospitalization, self-injury, patient harm, work-related problems, employment status, criminal repercussions; if applicable:

Lost nursing license last july. Almost lost family. Financial diff; lost independence.

Based upon the facts listed above, Licensee admits that his/her license(s) to practice nursing is (are) subject to suspension or revocation pursuant to the Nursing Practice Act. In consideration of the Board's deferring any disciplinary action, the Licensee knowingly and voluntarily agrees

to participate in the Alternative Program for Chemical Dependency (hereafter referred to a "Program") and consents to the following terms and conditions:

Licensee understands contract may be modified, revised or canceled as necessary to assure consistency with the Program's Philosophy and Objectives.

Licensee understands participation in this Program does not preclude action by law enforcement or other agencies.

If not currently participating in a treatment program which meets the criteria established by the Board of Nursing, Licensee shall be referred to such a treatment program ("treatment program") and have an initial assessment by a qualified health professional within 48 hours.

Licensee assumes financial responsibility for treatment and random fluid screens.

Licensee understands the initial assessment by the qualified health professional from the treatment program may preclude participation in the Program.

Licensee understands this contract may be canceled at any time if his/her treatment regime is not consistent with the Philosophy, Goals and Objectives of the Program.

Licensee voluntarily agrees to participate and successfully complete all conditions of treatment and aftercare set forth by the treatment program. This contract requires participation in aftercare for one year following treatment.

Licensee voluntarily agrees the license(s) is/are held in abeyance by the Board until the North Carolina Board of Nursing determines the Licensee is fit to return to the practice of nursing. The purpose of holding the license in abeyance is to improve the licensee's prospects to successfully return to practice. The license will be held in abeyance a minimum of three (3) months beginning with the date the participant enters treatment. Following the three (3) month interval, the participant may petition for a determination for his/her readiness to re-enter practice with the Re-Entry/Reinstatement Committee.

The Licensee will not seek employment in nursing during the time the license is held in abeyance and will not practice nursing. Further, the licensee may not work as a NAI or NAII during the time of license abeyance.

If employed prior to returning to licensed nursing employment, licensee must notify Program Coordinator of place of employment and job responsibilities. Licensee may not be employed in any position providing access to controlled substances.

Licensee shall abstain from the use of all chemical and alcohol substances except as may be prescribed for him/her for a medical condition by a licensed practitioner.

Some prescription and over-the-counter drugs may affect recovery or cause positive drug screen results. It is the licensee's responsibility to assure that any medication taken will not affect

recovery or test results. Whenever medication is prescribed, it is the licensee's responsibility to provide the prescribing practitioner with the form supplied by National Confederation of Professional Services (NCPS), entitled "Prescription Identification Form". The prescribing practitioner returns the completed form to NCPS within five (5) days of prescribing the medication. The licensee submits a copy to the Alternative Program within five (5) days of the prescription being written. The consumption of any over-the-counter antihistamine, decongestant, or cough syrup medications must be reported in writing within seventy-two hours of the first dose. Any concerns regarding appropriateness of medications as they relate to participation in the Program will be reviewed.

Licensee agrees to contact the treatment program for consultation regarding OTC drugs.

Licensee agrees to notify the Program Coordinator if hospitalized or scheduled to undergo any surgical procedure on an out-patient basis.

This document and all information regarding the Licensee's participation in the program will be shared with other jurisdictions should the Licensee seek endorsement or renewal/reinstatement of license(s).

For the terms of this contract to be in effect, the nurse must be employed in nursing in North Carolina and must continue in compliance with all conditions of the contract.

Licensee understands as long as he/she participates in the Program and compliance is maintained, the Licensee's name will not be published in the ^{Website} ~~PUBLISTIN~~; however, privacy is maintained unless disclosure is necessary to protect the health, safety and welfare of the public. Should disclosure become necessary, whenever feasible, the Board of Nursing will notify the licensee.

Privacy is respected; however, confidentiality is not assured. Licensee will sign valid releases for the treatment program to release pertinent treatment (medical and psychiatric) records to the Program Consultant and to discuss issues relating to the Licensee's chemical dependency and recovery program.

Licensee agrees to notify the Program Consultant if planning a move to another state.

The Licensee agrees to have detailed written reports and evaluations submitted to the Program Coordinator:

- a) Upon completion of the initial assessment by the treatment program;
- b) Upon completion of the inpatient and/or outpatient treatment program;
- c) Urine or blood drug screen reports showing chain of custody will be requested on a random basis - must comply with policies related to screening process.
- d) The following reports are to be submitted beginning on the date agreed upon:
 1. Therapist/Counselor reports;
 2. Sponsor report from an approved self-help recovery program. (The Licensee will specify the self-help recovery program the Licensee is attending and the sponsor's first name who will be submitting reports)

3. Self Report from Licensee describing compliance and progress in recovery.
 4. List of attendance at self-help recovery program meetings; must submit evidence of attending a minimum of three (3) 12 step meetings each week for one (1) year following signing of contract and minimum of two (2) each week for the remainder of participation in the Program.
 5. Reports from probation officer if under court ordered probation.
- f) Any additional reports, evaluations, and verifications as requested by the Program Coordinator.

Approved self-help recovery programs consist of programs approved by any treatment program which has met criteria established by the Board. Should the Licensee request permission to attend a self-help recovery program not approved by a treatment program, the Program Coordinator will consult with the medical director or designate of the treatment program the Licensee attended for a recommendation of approval or non-approval.

Licensee shall provide within five (5) days written notification of any change in the Licensee's name, address, and/or phone number to the Program Coordinator. Any request to transfer to another jurisdiction's monitoring program must be submitted in writing, and approval obtained prior to transferring to another program.

Licensee shall not violate any laws of the United States and North Carolina and inform the Program Coordinator, in writing within five (5) days, if charged with a misdemeanor or felony (other than minor traffic violations).

Licensee agrees to perform his/her duties in a safe and competent manner satisfactory to the Board of Nursing.

Licensee will not violate the Nursing Practice Act nor any rules promulgated by the Board of Nursing.

★ Licensee will immediately report relapse to the Program Coordinator by telephone (within twenty-four (24) hours) and in writing (within three (3) days).

★ Relapse will be evaluated on an individual basis and may result in termination from the program. If Licensee is allowed to remain in the program following relapse and has signed Section II of the Contract, there must be a period of three (3) continuous years with no occurrence of relapse while employed in a licensed nursing position for the licensee to successfully complete the program.

Licensee understands if the Program Coordinator has evidence the Licensee is not in compliance with the Program, participation in the program will be terminated and the license will be suspended indefinitely for at least one (1) year. This and subsequent action is public information. Reinstatement of the license will be processed as an indefinite voluntary surrender of the license. Additionally, the Licensee may withdraw from the Contract at any time and the license will be suspended indefinitely.

All disciplinary actions taken by the Board of Nursing will be reported to the appropriate entities as outlined in Board policy, and as required by State and/or Federal guidelines. Those entities include, but may not be limited to: NURSIS; National Practitioner Databank (NPDB); the office of the Inspector General; Healthcare Integrity and Protection Databank (HIPDB); and any other state/jurisdiction in which we know the licensee is or has been licensed.

It is the Licensee's responsibility to contact the Program Consultant if the licensee has any questions concerning this Contract.

Licensee acknowledges that any untrue or fraudulent statements made to the Program Coordinator in preparation of or during the term of this Contract are a violation of this Contract.

I, Kristin Lynn Klum, agree to participate in the Alternative Program for Chemical Dependency of North Carolina Board of Nursing. I have voluntarily chosen to participate in the Program and agree to adhere to Section I of this contract.

Kristin Lynn Klum
Signature of Licensee

8-31-05

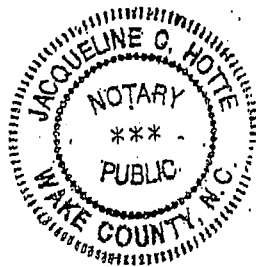
Date

[Signature]
Board Representative

8-31-05

Date

Now comes JACQUELINE C. HOTTE a duly appointed Notary of the State of North Carolina, and shows unto all that KRISTIN LYNN KLUM has appeared before me and sworn that he/she has read the attached Agreement, that he/she understands same, and that he/she is signing this document knowingly and willingly, fully voluntarily, and without any duress or coercion.



Jacqueline C. Hotte
Signature of Notary

My Commission Expires

24th day of Sept. 2006

Original:	9/01
Revised:	1/2/04
	2/1/04
	7/1/04
	8/29/04
	1/26/05
	2/11/05
	10/20/04
	11/20/06

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EXHIBIT C

North Carolina Board's Correspondence to Respondent of December 9, 2005

Jacqueline F. Ring, RN, MBA, MHA
Chair
Pamela B. Edwards, Ed.D., RN
Vice-Chair
Mary P. Johnson, RN, MSN
Executive Director

NC BOARD OF NURSING

P.O. Box 2129
Raleigh, North Carolina 27602
919.782.3211
FAX 919.781.9461
Nurse Aide II Registry 919.782.7499
www.ncbon.com

December 9, 2005

CERTIFIED MAIL

Ms. Kristin Lynn Klaum
5505 Banwell Place
Raleigh, NC 27613-7809

Dear Ms. Klaum:

On December 8, 2005, the North Carolina Board of Nursing received information from the National Confederation of Professional Services (NCPS) that the drug screen collected on November 28, 2005 was positive for alcohol and determined by the Medical Review Officer (MRO) to be a failed test. According to the MRO report, you denied drinking alcohol or use of any prescription or over the counter product containing alcohol. You did state you had added wine in the sauce you were cooking; however the MRO failed the test. You requested reconfirmation of the results. We called and spoke to you on December 8, 2005 regarding the reconfirmation and you stated you did not want to spend the money for the test and have the same results. Having a positive test for alcohol is a violation of the Alternative Program Contract you signed on August 31, 2005.

Therefore, effective on this date, December 9, 2005, your contract with the Alternative Program is terminated. Your RN license is **SUSPENDED**. During the time your license is suspended, you are not to practice nursing in any way. This means you are not to use the title RN on a nametag or in a signature. Further, you are not to perform any duties, which require a nursing license. You are not to work as a NAI and it will be recommended to the Division of Facility Services (DFS) that you not be allowed to list as a NAI. Your name will appear on the NCBON website indicating that your license has been voluntarily surrendered for an indefinite period of time.

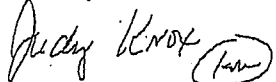
If you wish to petition for reinstatement, you would be required to submit evidence of a minimum one-year of sobriety. Therefore, your first date of eligibility to petition for reinstatement would be December 9, 2006. Enclosed is a booklet of information you need to submit in order for your case to be reviewed for consideration of reinstatement. You are advised to continue screening with NCPS since a part of the requirement to show evidence of sobriety is that you have screened successfully with NCPS for a minimum of one year.

All disciplinary actions taken by the Board of Nursing will be reported to the appropriate entities as outlined in Board policy, and as required by State and/or Federal guidelines. Those entities include, but may not be limited to: NURSIS; National Practitioner

Databank (NPDB); the office of the Inspector General; Healthcare Integrity and Protection Databank (HIPDB); and any other state/jurisdiction in which we know the licensee is or has been licensed.

I wish you the best in your recovery program.

Sincerely,

A handwritten signature in cursive script that reads "Judy Knox". To the right of the signature is a small, circular handwritten mark that appears to be the letters "JH".

Judy H. Knox, RN, BSN
Compliance Manager
(919)782-3211, extension 271
judyk@ncbon.com

JHK/dm

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EXHIBIT D

North Carolina Board's Chemical Dependency Discipline Program

Contract Section I and II

NORTH CAROLINA BOARD OF NURSING

CHEMICAL DEPENDENCY DISCIPLINE PROGRAM (CDDP)
CONTRACT
SECTION I.

The North Carolina Board of Nursing (hereinafter referred to as ("Board")), is mandated by the Nursing Practice Act G.S. 90-171.37 to intervene when the Board determines that a licensee "(3) has a mental or physical disability or uses any drug to a degree that interferes with his or her fitness to practice nursing; (4) engages in conduct that endangers the public health; (5) is unfit or incompetent to practice nursing by reason of deliberate or negligent acts or omissions regardless of whether actual injury to the patient is established; and (6) engages in conduct that deceives, defrauds, or harms the public in the course of professional activities or services".

The Licensee, Kristin Lynn Melo is a RN in the State of North Carolina holding certificate number(s) 175467.

The Licensee was offered the Chemical Dependency Discipline Program by One Year Sobriety Notebook
(Settlement Committee, Administrative Hearing, Licensure Committee, or Letter of Charges, One year sobriety notebook/Board staff)

on 9/24/07 with the outcome of Participation in the CDDP.

The Licensee freely and voluntarily admits the following facts are true:

- (a) The Licensee acknowledges a chemical dependency problem, in particular abuse of Opiates and Alcohol
(substance(s) of preference)
- (b) The Licensee began to abuse chemical substances in 7/05 @ home ^(Opiates)
(date/time) (setting)
which continued until 8/06 (Alcohol).
- (c) Brief description of drug abuse habits emphasizing the amount/time/place/pattern of consumption (i.e.: "The Licensee used between 5-10 Percocets daily, both on and off the job"):
Licensee used between 20-40 Percocet/Lorab daily off the job. Alcohol used almost daily, 6 beers to 12 beers and/or wine.
- (d) Brief description of incidents resulting from addiction/diversion/impairment.
was arrested twice, lost apartment job, almost lost husband and ruined a lot of stuff.

Based upon the facts listed, Licensee admits that his/her license(s) to practice nursing is (are) subject to suspension or revocation pursuant to the Nursing Practice Act. The Licensee knowingly and voluntarily agrees to participate in the Chemical Dependency Discipline Program (CDDP) and consents to the following terms and conditions:

Licensee understands participation in this Program does not preclude action by law enforcement or other agencies.

Treatment received or in process will be evaluated according to criteria established by the Board of Nursing.

Licensee assumes financial responsibility for treatment and random body fluid screens.

Licensee agrees to participate and successfully complete all conditions of treatment and aftercare set forth by the treatment program. This contract requires participation in aftercare for one (1) year which involves a minimum of one (1) meeting each week. If aftercare is already completed, indicate date of completion _____

will complete one (1) year of aftercare from the date of reinstatement. Licensee *will 9/24/07*
The licensee may not be employed as a NAI or NAIL.

If seeking reinstatement of license following discipline action and is directed to participate in the Chemical Dependency Discipline Program, he/she may petition the Re-Entry/Reinstatement Committee for reinstatement _____ months from the date the Chemical Dependency Discipline Program Contract is signed.

If employed prior to returning to licensed nursing employment, licensee must notify the Program of place of employment and job responsibilities. Licensee may not be employed in any position providing access to controlled substances.

Licensee shall abstain from the use of all chemical and alcohol substances except as may be prescribed for him/her for a medical condition by a licensed practitioner.

Some prescriptions and over-the-counter drugs may affect recovery or cause positive drug screen results. It is the Licensee's responsibility to assure that any medication taken will not affect recovery or test results.

Whenever medication is prescribed, it is the Licensee's responsibility to provide the prescribing practitioner with the form supplied by NCPS and entitled "Prescription Drug List." The prescribing practitioner returns the completed form to NCPS within five (5) days of prescribing the medication, and licensee submits a copy to the Program within five (5) days.

The consumption of any over-the-counter antihistamine, decongestant or cough syrup medications must be reported in writing within seventy-two (72) hours of the first dose. Any concerns regarding appropriateness of medications as they relate to participation in the CDDP will be reviewed.

Licensee agrees to notify the Program if hospitalized or scheduled to undergo any surgical procedure on an inpatient/outpatient basis.

This document and all information regarding the Licensee's participation in the Program will be shared with other jurisdictions as it is public information.

Licensee agrees to notify Program if planning a move to another state. Relocating to another state may result in termination from the Program and suspension of the license.

For the terms of this contract to be in effect, the nurse must be employed in nursing and must continue in compliance with all conditions of the contract.

Licensee will sign releases for the treatment program to release pertinent treatment records (medical and psychiatric) to the Program and to discuss issues relating to the Licensee's chemical dependency and recovery program.

The Licensee agrees to have detailed written reports and evaluations submitted to the Program:

- a) Upon completion of the initial assessment by the treatment program;
- b) Upon completion of the inpatient and/or outpatient treatment program;
- c) Urine or blood drug screen reports showing chain of custody will be requested on random basis. Must comply with policies related to screening process and remain current with any fees related to screening.
- d) The following reports are to be submitted beginning on the date agreed upon:
 1. Therapist/Counselor reports;
 2. Sponsor report from an approved self-help recovery program. (The Licensee will specify the self-help recovery program the Licensee is attending and the sponsor's first name who is submitting the report);
 3. Self report from Licensee describing compliance and progress in recovery.
 4. List of attendance at self-help recovery program meetings. Must submit evidence of attending a minimum of three (3) 12-step meetings each week for one (1) year following signing of contract, and minimum of two (2) each week for the remainder of participation in the Program. Caduceus and aftercare attendance do not qualify as a 12-step meeting.
 5. Reports from probation officer if under court ordered probation.
- e) Any additional reports, evaluations, and verifications as requested by the Program.

Approved self-help recovery programs consist of programs approved by any treatment program which has met criteria established by the Board. Should the Licensee request permission to attend a self-help recovery program not approved by a treatment program, the Program will consult with the medical director or designate of the treatment program the Licensee attends for a recommendation of approval or non-approval.

Licensee shall provide within five (5) days written notification of any change in the licensee's name, address, and/or phone number to the Program Coordinator.

Licensee shall not violate any laws of the United States and North Carolina and inform the Coordinator, in writing within five (5) days, if charged with a misdemeanor or felony (other than minor traffic violation).

Licensee will not violate the Nursing Practice Act nor any rules promulgated by the Board of Nursing.

Licensee agrees, upon reasonable notice, to appear in person for an evaluation and/or reassessment as requested.

* Licensee will immediately report relapse to the Program by telephone within 24 hours and in writing within three (3) days.

Relapse may result in termination of this Contract. Licensee would then be required to complete the initial license suspension of ~~for a period to be determined~~ prior to seeking reinstatement and submit documentation evidencing a minimum of one (1) year of sobriety. ~~Licensee is required to complete a minimum of one (1) year of sobriety from the date of this contract.~~ *even 6/24/07*

Licensee understands if the Program has evidence the Licensee is not in compliance with the Program, participation in the Program will be terminated and the Licensee must complete the initial license suspension of ~~for a period to be determined~~ and submit documentation evidencing a minimum of one (1) year of sobriety prior to seeking reinstatement. This and subsequent action will be public information. Further, the Licensee may withdraw from the Contract at any time and complete the initial license suspension.

All disciplinary actions taken by the Board will be reported to the appropriate entities as outlined in Board Policy which includes on the Board's website, and as required by State and/or Federal guidelines. Those entities include, but may not be limited to: Nursing license database (NURSYS); National Practitioner Databank (NPDB); the Office of the Inspector General (OIG); Healthcare Integrity and Protection Databank (HIPDB); and any other state/jurisdiction in which we know the licensee is or has been licensed.

It is the Licensee's responsibility to contact the Program if the Licensee has any questions concerning this Contract.

Licensee acknowledges that any untrue or fraudulent statements made to the Program in preparation of or during the term of this Contract are a violation of the Contract.

LICENSEE HEREBY AGREES THAT IN ACCORDANCE WITH THE INTERSTATE COMPACT FOR NURSE LICENSURE, LICENSEE SHALL NOT PARTICIPATE IN ANY OTHER PARTY STATE WHILE PARTICIPATING IN THE CHEMICAL DEPENDENCY DISCIPLINE PROGRAM WITHOUT PRIOR WRITTEN AUTHORIZATION FROM THE NORTH CAROLINA BOARD OF NURSING AND THE OTHER PARTY STATE. LICENSEE MUST PROVIDE EVIDENCE OF SUCH AUTHORIZATION FROM THE OTHER PARTY STATE TO THE NORTH CAROLINA BOARD OF NURSING.

Kristin Lynn Melo agrees to participate in the Chemical Dependency Discipline Program at the North Carolina Board of Nursing. Licensee agrees to participate in the Program and agrees to adhere to Section I of this contract.

Kristin L. Melo
Signature of Licensee

[Signature]
Program Representative

9/24/07

Date

9/24/07

Date

NORTH CAROLINA BOARD OF NURSING

CHEMICAL DEPENDENCY DISCIPLINE PROGRAM (CDDP) CONTRACT SECTION II

The following section of the contract defining conditions, restrictions and monitoring requirements for employment will be signed once the licensee is deemed ready to return to the practice of nursing by the North Carolina Board of Nursing (hereinafter referred to as ("Board")). This contract, including Section I and Section II, will be in effect from the date that Section I is signed and continuing until the licensee has been employed in a position requiring a nursing license and has submitted satisfactory required reports for a period of three (3) years.

REQUIREMENTS FOR NURSES RETURNING/SEEKING A NURSING POSITION

To maintain good standing in the Chemical Dependency Discipline Program, the Licensee will:

- 1) Comply with the Board's Chemical Dependency Discipline Program. Shall fully comply with the terms and conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the Program.
- 2) Contact the Program to review and sign this contract once he/she is deemed ready to re-enter the practice of nursing by the Board.
- 3) Contact the Program to determine the appropriate area of practice. Prior to accepting a new position or returning to previous employment, Program approval is required.
- 4) Seek employment in the area of nursing which will enhance recovery. Issues to be addressed include: specific area of employment, responsibility, supervisor and hours.
- 5) Refer employer to the Program to verify participation in the Program prior to accepting the position.
- 6) Will notify the Program, following via telephone work site approval; in writing within five (5) days of accepting a position, the name, address and phone number of the place of employment, position description and name of immediate supervisor (This includes any change in position).
- 7) Notify the Program, in writing, within five (5) days of any change in address or employer. This includes new employment or probation, suspension, termination and/or resignation from employment.
- 8) Notify the Program, in writing, within five (5) days of any DUI, misdemeanor and/or felony charges. Additionally, following final disposition of the charges by the court system, must notify the Program, in writing, within three (3) days of the outcome.
- 9) Not work as a CRNA, for a staffing agency, or in home health or Hospice for at least two (2) years.

10) Agree to the following conditions of employment:

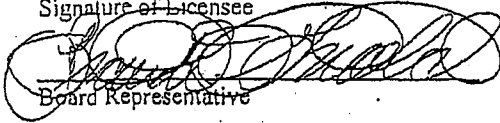
- a) shall not work 11 p.m. - 7 a.m. and may not work more than 80 hours per 2 weeks or more than 48 hours in a 7 day interval unless approved by the Program for at least one (1) year;
 - b) shall not have access to controlled substances, including Nubain, for at least one (1) year;
 - c) shall not work in critical care specialty areas and ER for at least one (1) year;
 - d) shall work for at least one (1) year under the direction of an on-site RN.
 - e) must show consecutive employment at same facility for two (2) months during first year of return to employment and consecutive employment at same facility for three (3) months the last two (2) years of contract in order for work performance reports to be acceptable.
 - f) must work an average of sixty-four (64) hours per month for work performance reports to be acceptable.
 - g) other _____
- 11) Submit random body urine/blood specimens showing chain of custody for analysis as requested by employer, the Program or treatment provider.
- 12) Remain alcohol/drug free.
- 13) Agree, if a drug screen tests positive, he/she will refrain from practice until further testing and investigation is completed.
- 14) Submit healthcare provider medication reports when prescription medications are ordered or refilled within three (3) days of obtaining any prescription.
- 15) Submit, in writing, within three (3) days of taking any over-the-counter antihistamine, decongestant, or cough syrup.
- 16) Perform his/her duties in a safe and competent manner satisfactory to the Board.
- 17) Not violate the Nursing Practice Act nor any rules promulgated by the Board.
- 18) Sign valid releases for the following reports to be submitted to the Program every other month for one year and quarterly for two (2) years: (as applicable)
- a) employee performance;
 - b) reports from therapist/counselor until discharged by therapist/counselor;
 - c) sponsor reports from an approved self help recovery program;
 - d) if under court ordered probation, reports from probation officer.
 - e) written reports from Licensee describing compliance and progress in recovery and list of attendance at self-help recovery program meetings.
 - f) any additional reports, evaluations and verifications as requested by the Program

Following completion of one (1) successful year of employment, Program will send letter to licensee and supervisor removing one (1) year conditions.

LICENSEE HEREBY AGREES THAT IN ACCORDANCE WITH THE INTERSTATE COMPACT FOR NURSE LICENSURE, LICENSEE SHALL NOT PARTICIPATE IN ANY OTHER PARTY STATE WHILE PARTICIPATING IN THE CHEMICAL DEPENDENCY DISCIPLINE PROGRAM WITHOUT PRIOR WRITTEN AUTHORIZATION FROM THE NORTH CAROLINA BOARD OF NURSING AND THE OTHER PARTY STATE. LICENSEE MUST PROVIDE EVIDENCE OF SUCH AUTHORIZATION FROM THE OTHER PARTY STATE TO THE NORTH CAROLINA BOARD OF NURSING.

Kristin Lynn Melo, agrees to continue participation in the Chemical Dependency Discipline Program and agrees to adhere to Section I and Section II of this contract.

Kristin L Melo
Signature of Licensee


Board Representative

9/24/07
Date

9/24/07
Date

NORTH CAROLINA BOARD OF NURSING PROBATIONARY CONDITIONS

Registered Nurse

Kristin Lynn Melo has been issued probationary conditions to practice nursing in the state of North Carolina. The conditions include the following:

1. Must comply with the Board's Probation Program. Respondent shall fully comply with the terms and conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the Program.
2. Must notify the North Carolina Board of Nursing, in writing, within five (5) days of any change in address or employer. This includes new employment or probation, suspension, termination and/or resignation from employment.
3. Must cause written performance reports to be submitted to the North Carolina Board of Nursing from employer every other month for one (1) year and then quarterly during the last two (2) years of the contract. Must show an average of 64 hours worked per month. Must show consecutive employment at same facility for two (2) months during first year of return to employment and consecutive employment at same facility for three (3) months the last two (2) years of contract in order for work performance reports to be acceptable.
4. Must continue to perform duties in a safe and competent manner, satisfactory to the Board.
5. Must notify the North Carolina Board of Nursing, in writing, within five (5) days of any DUI, misdemeanor and/or felony charges. Additionally, following final disposition of the charges by the court system, must notify the Board, in writing, within three (3) days of the outcome.
6. During the period of probation shall appear in person at interviews/meetings as directed by the Board.
7. Must submit to random drug screens showing chain of custody.
8. Must remain alcohol/drug free.
9. Must remain in AA/NA, aftercare, and continue in treatment with counselor until discharged, as designated by the contract.
10. Must submit reports to the North Carolina Board of Nursing from sponsor and counselor every other month for one (1) year and then quarterly during the last two (2) years of the contract.
11. Must submit healthcare provider medication reports when prescription medications are ordered or refilled within three (3) days of obtaining any prescription.
12. Must submit, in writing, within three (3) days of taking any over-the-counter antihistamine, decongestant, or cough syrup.
13. Must submit self report describing compliance and progress in recovery and attendance list at self help recovery meetings every other month for one (1) year and then quarterly during the last two (2) years of the contract.

Conditions shall remain in effect for a period of three (3) years and until licensee has satisfactorily complied with the Chemical Dependency Discipline Program (CDDP) contract.

Further, the following conditions will be in effect for stated times following reinstatement:

1. Must have no access to controlled substances, including Nubain, for at least one (1) year.
2. Must work under the direction of an on-site RN at all times for at least one (1) year.
3. Shall not work 11:00 pm - 7:00 am and may not work more than 80 hours per two weeks or more than 48 hours in a seven day interval unless approved by the Program Coordinator; for at least one (1) year.
4. Shall not work in critical care specialty areas and ER for at least one (1) year.
5. May not work as a CRNA, for a staffing agency, or in home health or Hospice for at least two (2) years.

Any violation of the above stipulations is grounds for automatic suspension of the license for a period to be determined in accordance with the Chemical Dependency Discipline Program Contract dated 9/24/07.

The license may be immediately suspended if the Board of Nursing receives evidence the licensee has violated any of the conditions of the CDDP contract.

IN ACCORDANCE WITH THE INTERSTATE COMPACT FOR NURSE LICENSURE, THE LICENSEE SHALL NOT PARTICIPATE IN ANY OTHER PARTY STATE WHILE PARTICIPATING IN THE CHEMICAL DEPENDENCY DISCIPLINE PROGRAM WITHOUT PRIOR WRITTEN AUTHORIZATION FROM THE NORTH CAROLINA BOARD OF NURSING AND THE OTHER PARTY STATE. LICENSEE MUST PROVIDE EVIDENCE OF SUCH AUTHORIZATION FROM THE OTHER PARTY STATE TO THE NORTH CAROLINA BOARD OF NURSING.

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EXHIBIT E

North Carolina Board's Correspondence to Respondent of January 27, 2011

Pamela B. Edwards, Ed.D, MSN, RN-BC, CNE
Chair
Nancy Bruton-Maree, CRNA, MS
Vice-Chair
Julia L. George, RN, MSN, FRC
Executive Director

NC BOARD OF NURSING

P.O. Box 2129
Raleigh, North Carolina 27602
919.782.3211
FAX 919.781.9461
Nurse Aide II Registry 919.782.7499
www.ncbon.com

01/27/2011

Ms. Kristin Lynn Melo
5505 Banwell Place
Raleigh, NC 27613-7809

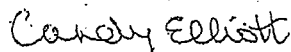
Dear Ms. Melo:

This communication is to acknowledge your successful completion of the North Carolina Board of Nursing Chemical Dependency Discipline Program effective 1/26/11. You are no longer required to submit monitoring reports, or call for drug screening as a participant in the Chemical Dependency Discipline Program.

You now hold an unrestricted license. The Board's database serves as the primary source for nurse licensure information for North Carolina. To verify your licensure status, you may go to our website at www.ncbon.com or verify via the automated telephone verification system at 919-881-2272.

Congratulations upon successfully completing the program. Best wishes for continued success.

Sincerely,



Candy Elliott
Investigation/Monitoring Coordinator
Candace@ncbon.com
919-782-3211 ext. 228

CC: John Lytle, RN